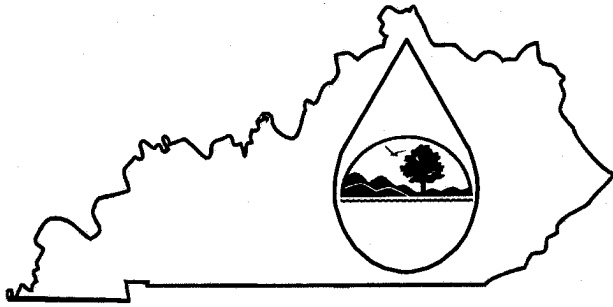


KPDES FORM 1

AI 2223



KENTUCKY POLLUTANT DISCHARGE NOV 30 2007 ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	3	1	7	1	2
A. Name of business, municipality, company, etc. requesting permit Louisville & Jefferson County Metropolitan Sewer District									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Starview Estates STP					Owner Name: Metropolitan Sewer District				
Facility Location Address (i.e. street, road, etc.): 423 Bermuda Way					Mailing Street: 700 West Liberty Street				
Facility Location City, State, Zip Code: Louisville, Kentucky 40243					Mailing City, State, Zip Code: Louisville, Kentucky 40203				
					Telephone Number: (502) 564-6000				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Residential & Commercial Wastewater Treatment (non-industry);
Publicly owned treatment Works

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952; Sewage Treatment Fac.		
Other SIC Codes:	6552; Land Subdivision & Land Development		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Chenoweth Run at mile point 3.87	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 15' 01" 38° 15' 17"	Facility Site Longitude (degrees, minutes, seconds): 85° 31' 22" Facility 85° 31' 12" Outfall
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Joseph Scroggine

Telephone Number:

(502) 239-7695

Operator Mailing Address (Street):

8405 Cedar Creek Road

Operator Mailing Address (City, State, Zip Code):

Louisville, Kentucky 40291

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

IV

Certification Number:

8960

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0031712

Issue Date of Current Permit:

September 1, 2003

Expiration Date of Current Permit:

March 31, 2008

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Cedar Creek Wastewater Plant
DMR Mailing Street:	8405 Cedar Creek Rd
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211
DMR Official Telephone Number:	(502) 239-7695

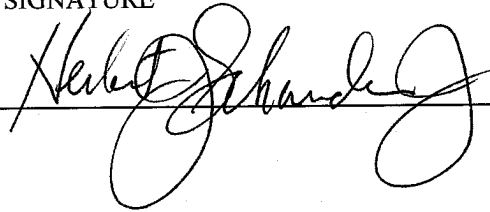
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

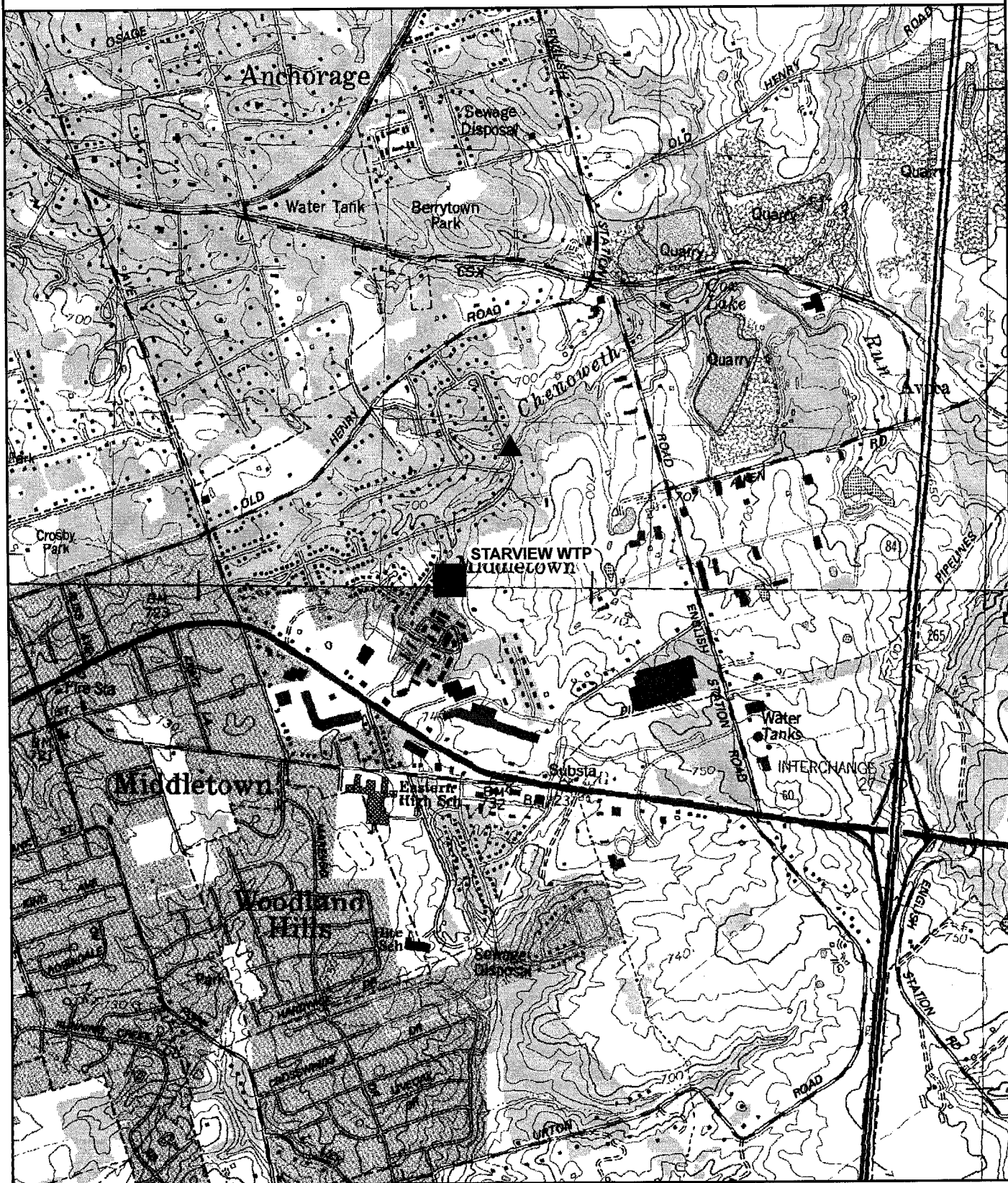
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE	DATE:
	11/27/06

247 - STARVIEW Capacity 0.100 MGD



- ▲ Discharge Point
- Sewer Treatment Plant

USGS Anchorage (Ky) Quadrangle
Projection: UTM Zone 16 NAD 83 Datum

Facility:

Outfall:

Latitude			Longitude		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38	15	01	85	31	22
38	15	17	85	31	12

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MSD



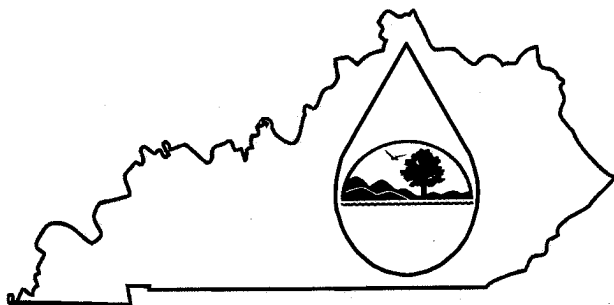
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KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 30 2007

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Starview Estates STP											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	3	1	7	1	2
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Residential Connections: 138 Commercial Connections: 19 Industrial Connections: 0											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:						0.100 MGD					

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	08	17	85	31	12	Chenoweth Run at mp 3.87
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	0.083/0.100	Manual Bar Screen	1-T
		0.083/0.100	Activated Sludge	3-A
		0.083/0.100	Aerobic Digester	5-A
		0.083/0.100	Disinfection Chlorine	2-F
		0.083/0.100	Dechlorination	2-E
		0.083/0.100	Discharge	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A	<input type="checkbox"/>	Copper	N/A	<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Arsenic	N/A	<input type="checkbox"/>	Lead	N/A	<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Beryllium	N/A	<input type="checkbox"/>	Mercury	N/A	<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>	Cadmium	N/A	<input type="checkbox"/>	Nickel	N/A	<input type="checkbox"/>		
<input type="checkbox"/>	Chromium	N/A	<input type="checkbox"/>	Selenium	N/A	<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	---	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Residential Connections	138
Commercial Connections	19
Industrial Connections	0
TOTAL POPULATION SERVED	157 Connections

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

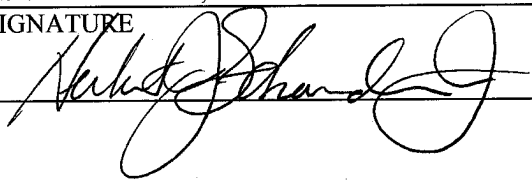
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS (Note NA listed below, testing for the pollutants is not appropriate for effluent) Not required on last permit (DMR)			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ (CBOD ₅)	6 mg/l	2.34 mg/l	176
TOTAL SUSPENDED SOLIDS	17 mg/l	3.49 mg/l	177
FECAL COLIFORM	11900 #/100 ml	91.6 #/100 ml	177
TOTAL RESIDUAL CHLORINE	<0.01 mg/l	Not required	56
OIL AND GREASE	NA	NA	
CHEMICAL OXYGEN DEMAND	NA	NA	
TOTAL ORGANIC CARBON	NA	NA	
AMMONIA	10mg/l	0.34 mg/l	177
DISCHARGE FLOW	0.454 MGD	0.083 MGD	Continuous
pH	7.7	6.7 (minimum)	56
TEMPERATURE (WINTER)	taken with pH not recorded	not required on DMRs	
TEMPERATURE (SUMMER)	taken with pH not recorded	not required on DMRs	

B. Frequency and duration of flow:	Continuous
------------------------------------	------------

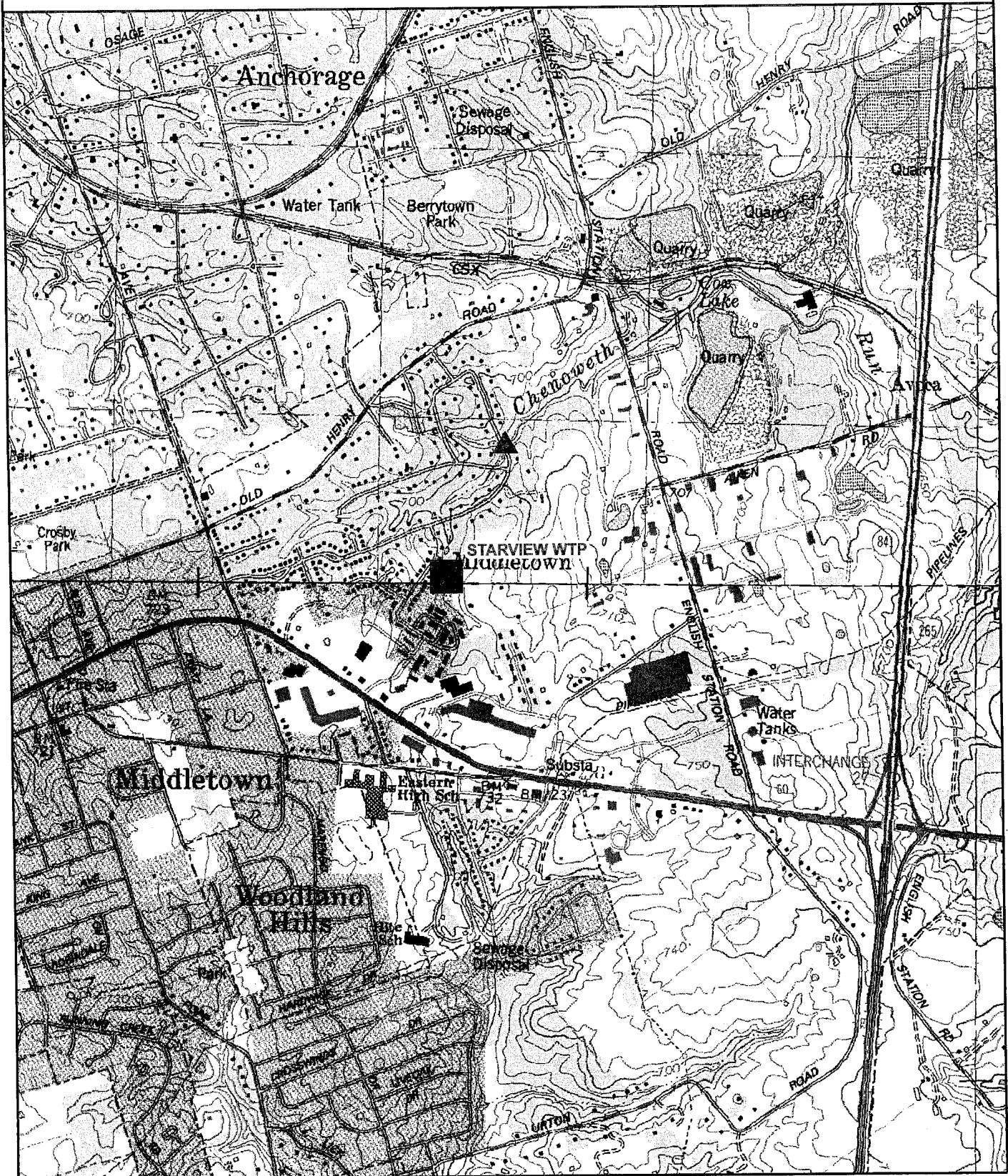
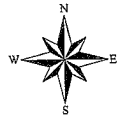
XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE	DATE
	11/27/07

KPDES Permit Application Attachments

247 - STARVIEW Capacity 0.100 MGD



- ▲ Discharge Point
- Sewer Treatment Plant

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LOUISVILLE METRO GOVERNMENT, and
JEFFERSON COUNTY PROPERTY VALUATION
ADMINISTRATOR (PVA)
All Rights Reserved.

USGS Anchorage (Ky) Quadrangle
Projection: UTM Zone 16 NAD 83 Datum

Facility:

Outfall:

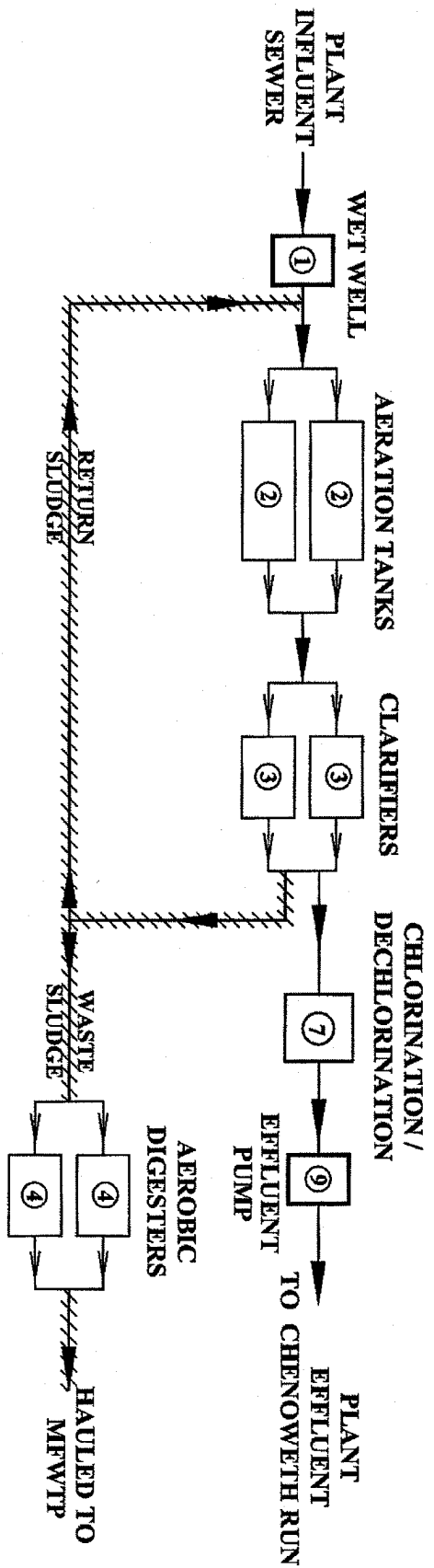
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MSD

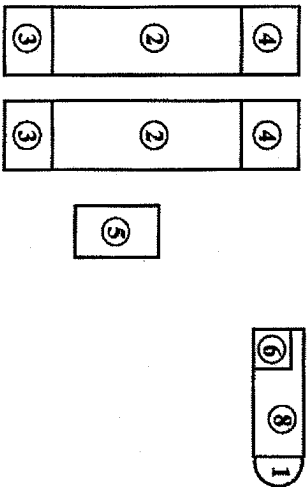




PROCESS FLOW DIAGRAM

LEGEND

- Wastewater Flow
- ////// Solids Flow
- 1. Influent Wet Well
- 2. Aeration Tanks
- 3. Clarifiers
- 4. Aerobic Digester
- 5. Blower Room
- 6. Chlorine Room
- 7. Chlorine Contact Tank
- 8. Pump Room
- 9. Effluent Pump



Louisville and Jefferson County
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203-1913

WTP Site Key Map

**STARVIEW WTP
PROCESS FLOW PLAN**

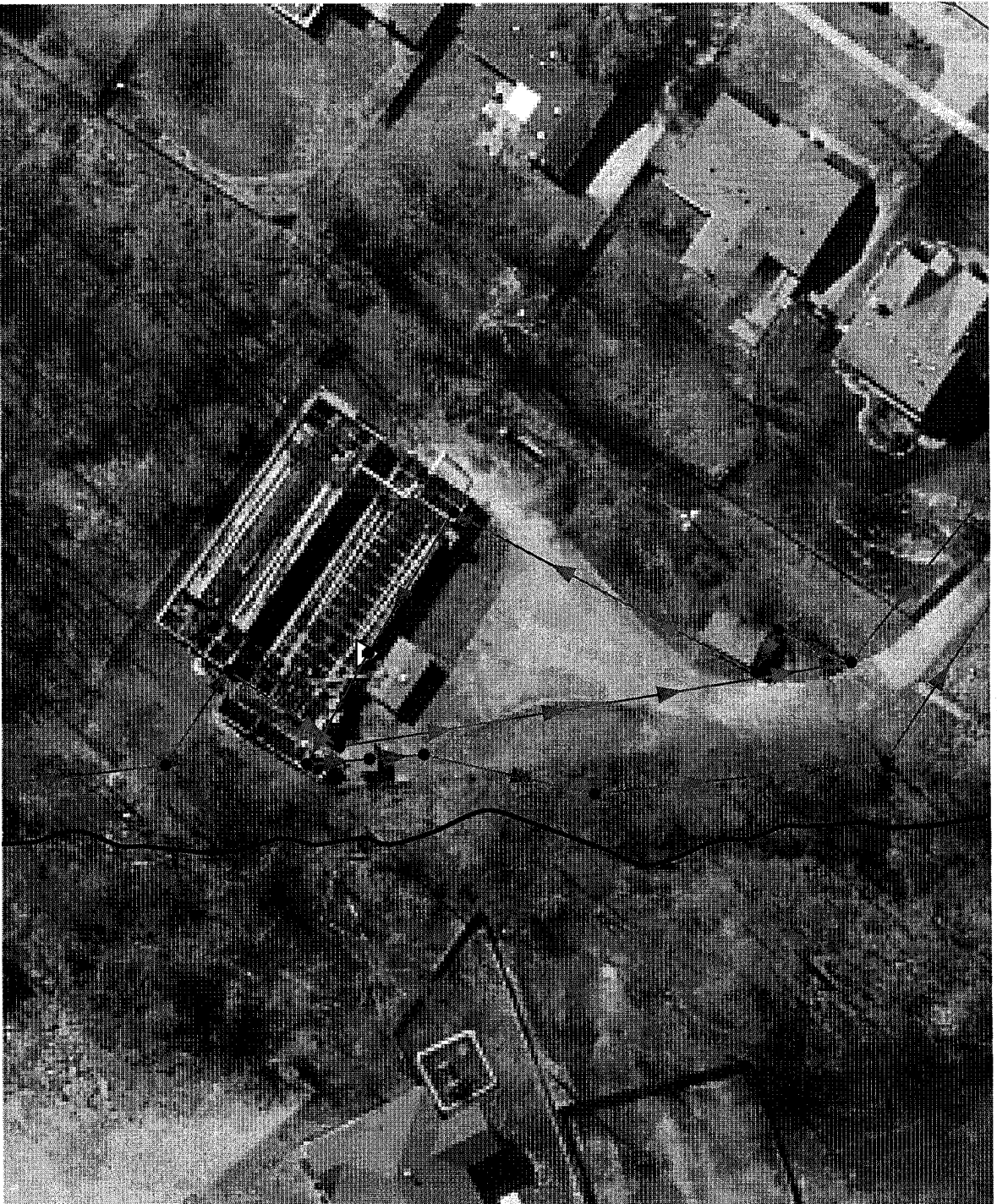
KPDES #: KY 0031712

Scale = None

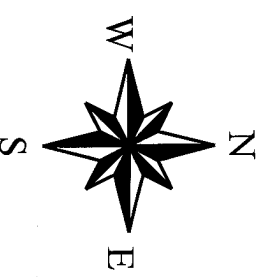
Drawn By: JDL

Date: 10/30/06

KY0031712 Starview WTP



- ★ Sample Locations
- Sewernd
- ↘ Sewer
- ▲ Treatment Plants
- Text Street Names
- ∨ Streams





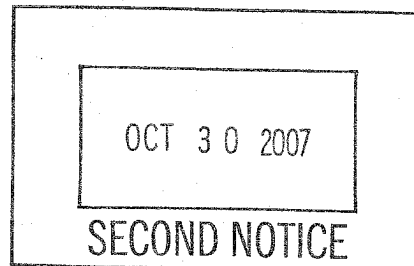
ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

September 6, 2007

Mr. Daymond Talley
Louisville/Jefferson County MSD
700 West Liberty Street
Louisville, Kentucky 40203-1913



RE: KPDES No. KY0031712
Starview Estates Subdivision
Jefferson County, Kentucky

Dear Mr. Talley:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on March 31, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is November 10, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

for **Vickie L. Prather, Acting Supervisor**
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office
Division of Water Files





MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

NOV 30 2007

November 29, 2007

Vickie L. Prather, Acting Supervisor
Division of Water
Inventory and Data Management Section
KPDES Branch
14 Reilly Road
Frankfort, Kentucky 40601

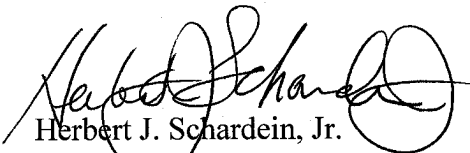
Subject: Renewal Application KPDES No. KY0031712
Starview Estates Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of Starview Estates Wastewater Treatment Plant KPDES permit KY0031712.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,



Herbert J. Schardein, Jr.
Executive Director

HJS/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



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STEVEN L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

ROBERT D. VANCE
SECRETARY

December 18, 2007

Daymond Talley
Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville, KY 40203

Re: KPDES Application Complete
KPDES No.: KY0031712
Starview Estates Subdivision
AI ID: 2223
Activity ID: APE20070001
Jefferson County, Kentucky

Dear Mr Talley,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 30, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB

Enclosures

c: Louisville Regional Office
Division of Water Files